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Substitute for form 1449B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>	<b>Complete if Known</b>	
	Application Number	10/016,533
	Filing Date	12/10/2001
	First Named Inventor	Libenzi
	Group Art Unit	<del>2131</del> 2132
	Examiner Name	Unassigned SAMSON
	Attorney Docket Number	002.0237.01

[illegible]

Examiner Signature	<i>[Signature]</i>	Date Considered	06/15/05
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

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